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SUPPLEMENT ATTACHED ARIZONA STATE BO	OARD OF HEALTH State File No		
BUREAU OF VITA	AL STATISTICS		
1. PLACE OF BIRTH STANDARD CERTIF	ICATE OF BIRTH Registered No		
CountyAlla	State Urizona.		
District or Township			
City Mami No/2 Parto Vico Canons, Ward			
If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child Tellulas Campto	supplemental report, as directed.		
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other			
Fluid in event of plural 5. No., in order of birth !	2nd yes 7. Date of birth lug. 23-1928. Month Day Year		
8. FATHER	14. MOTHER		
Full name lose Cambos	Full maiden name Mercedes Alemandes		
9. Residence (Usual place of abode) Wiami,	15. Residence (Usual place of abode)		
If non-resident, give place and state.	If non-resident, give place and state. Orugova.		
10. Color or race	16. Color or race		
Mel. 11. Age at last birthday3.2(Years)	Ml4. 17. Age at last birthday 32 (Years)		
12. Birthplace (city or place) Jalis Co,	18. Birthplace (city or place) Jalus co		
(State or country)	(State or country)		
13. Occupation Track man	19. Occupation		
Nature of industry Winna	Nature of industry		
umber of children of this mother. (a) Born alive and now living. 21. Were precautious taken against oph-			
on as of time of birth of child herein (b) Born alive b	out now dead thalmia neonatorium.		
CERTIFICATE OF ATJENDING PHYSICIAN OR MIDWIFE * 30			
I hereby certify that I attended the birth of this child, who was vow all at A. m. on the date above stated.			
(* When there was no attending physician) at the standard of			
or midwife, then the father, householder, etc. should make this return. A stillborn	01		
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).		
Given name added from	11.0 may ham an and		
a supplemental report Month, day, year			
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